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Cervical Cancer Elimination

For the first time in history, the world has an opportunity to actually eliminate a cancer.

Cervical cancer is both preventable and curable, yet it kills about 340,000 women every year.¹ It is the fourth most common form of cancer among women worldwide. And, it is the most common cancer among women living with HIV, who are six times more likely to develop cervical cancer and are affected at younger ages.²

This cancer can be prevented with a safe and highly effective vaccine. With screening programs, precancers can be stopped from ever becoming cancer. And when cervical cancer is caught early, we can cure it.

This disease is more than a deadly and painful medical condition. It robs children of their mothers, weakens the bedrock of communities, impacts women's sense of dignity, and exacerbates health disparities that unfairly target women in vulnerable populations. The avoidable suffering also stems from the stigma associated with women's health and the social barriers that women face when seeking care. Few diseases reflect global inequities as much as cancer of the cervix: more than 90% of these preventable deaths occur in low-and-middle-income countries (LMICs). Furthermore, 19 of the highest burdened countries are in Africa. Even in high-income countries, the burden of cervical cancer reflects the injustices that disproportionately afflict women of color, minorities, and other marginalized communities.

For the first time ever, the world has committed to eliminate a cancer: cervical cancer.

The moral imperative to end to this unnecessary suffering is so strong that in the past year – even as the world battled an unprecedented global pandemic – 194 countries collectively resolved to eliminate cervical cancer and they adopted a strategy to make it possible.

On November 17, 2020, the World Health Organization (WHO) launched the *Global strategy to accelerate the elimination of cervical cancer as a public health problem*.³ Countries celebrated with a worldwide day of action: patients and survivors marched, healthcare workers were trained to provide the necessary services, screening campaigns were rolled out, and First Ladies rallied their communities. Out of the darkness of pandemic lockdowns, over 100 landmarks were illuminated in the color teal, as communities across every populated continent signaled their collective resolve to defeat a cancer. That response reflects a shared dream that eliminating one cancer marks the beginning of the end for all cancers. Never before has the world been so determined to finally put a stop to the great public health plagues of our time, for once and for all.

All of this is possible because we already have the necessary medical tools to prevent and cure cervical cancer. And, even more transformative innovations are right on the horizon. They just need to be made accessible.

There is still time for everyone to join this early, growing movement.

To learn more about the global movement to eliminate cervical cancer and what you can do, please visit:

<https://www.who.int/initiatives/cervical-cancer-elimination-initiative>

¹ 2020 data: Cervix uteri, The Global Cancer Observatory, IARC 2020: <https://gco.iarc.fr/today/data/factsheets/cancers/23-Cervix-uteri-fact-sheet.pdf>

² Stelzle D, Tanaka LF, Lee KK, Ibrahim Khalil A, Baussano I, Shah ASV, et al. Estimates of the global burden of cervical cancer associated with HIV. *Lancet Glob Health* 2020. doi:S2214-109X(20)30459-9.

³ The global strategy can be found here: <https://apps.who.int/iris/handle/10665/336583>



Achieving elimination: the 90-70-90 targets

WHO's elimination strategy sets out clear goals and targets. To eliminate cervical cancer, countries should reach and maintain an incidence rate below four per 100 000 women.

Achieving that goal rests on three key targets for the year 2030 (the “90-70-90 targets”):

- **Vaccination: 90% of girls fully vaccinated with the HPV vaccine by the age of 15**
- **Screening: 70% of women screened using a high-performance test by the age of 35, and again by the age of 45**
- **Treatment: 90% of women with pre-cancer treated and 90% of women with invasive cancer managed**

Protecting children: the world has a highly effective, safe vaccine to prevent cervical cancer.

The human papilloma virus (HPV) vaccine protects children from developing a number of cancers later in life – and especially cervical cancer. While the vaccine has become widely available in high income countries, girls in LMICs often lack access to HPV vaccines.

In some African countries, this inequity is especially acute. Despite a willingness and commitment by governments to offer the vaccine, doses are not made available to them. Only 19 of 54 African countries have introduced HPV vaccines in their immunization program. Even in countries that have already introduced HPV vaccinations, the available doses are often not sufficient for all girls between 9 and 15 years of age.

The COVID-19 pandemic has largely disrupted routine immunization services. These interruptions, including school closures—often key sites for vaccination—resulted in 1.6 million girls missing out on HPV vaccination in 2020. This decline alone could result in up to 36,000 more cases of cervical cancer in the future.

To protect all girls everywhere, we must make urgent investments to ensure equitable vaccine distribution, and restore vaccine delivery services and routine immunization programs.

Securing health for adults: cervical cancer can be prevented if precancerous lesions are detected and cancer can be cured if it is caught early.

Services to screen for cervical cancer (for adult women) are still not widely accessible in many low and middle-income countries. Screening is usually opportunistic and not available systematically at scale. Although screening in LMICs has traditionally relied on rudimentary techniques with low performance (e.g., visual inspection with acetic acid), innovations in testing can now leverage existing laboratory platforms to provide more accurate results with HPV tests. Looking to the near future, digital technology also holds potential to change high-performance screening at the point of care for a low cost.

Until recently, LMICs relied on cumbersome and unreliable systems to treat precancers; today, portable and simplified technology (thermal ablation) is available and it has been approved for use in WHO guidance.

Managing invasive cancer remains challenging, but increased screening will detect cancers at an earlier stage, when they are easier to treat. Investments in surgical capacity and improving access to radiotherapy will not only benefit cervical cancer, but also will strengthen the backbone of treatment for all other cancers.

Every country can meet the 90-70-90 targets by 2030 and get on the path to eliminate cervical cancer within the lifetime of girls who are born today. It is up to us to leave them a legacy of a better world.